BHSF Form 2(G) Rev. 06/11 Prior Issue Obsolete

LOUISIANA MEDICAID PROGRAM

Renewal Mor	nth:
CSLD/WKR:	

Renewal Form

Return by:

Use this form to renew Medicaid coverage. If you <u>do not</u> renew, Medicaid services <u>will</u> end. After we get the information from you, we will let you know if you and/or your family still qualify.

How to renew.

- 1. Fill out and sign this form to renew by mail or call your worker to renew by phone.
- 2. **Start getting the documents of proof.** Look for the picture of a mailbox next to each document we need. If you need **more time** to get any proofs, let us know right away.
- 3. Send this renewal form and the proofs you already have right away, so we can start working to see if you and/or your family qualify. Bring or fax the renewal form and proofs to us <u>or</u> mail them in the envelope that came with this form.
- 4. When you get the rest of the proofs, send <u>or</u> bring them to us. If you need the address or fax number to your closest Medicaid office, call 1-888-342-6207, TTY: 1-800-220-5404. These are free calls.

. Tell us abou	ut you (the person gettir	g Medicaid).
Name (first, m	niddle initial, last)	□ Male □ Fema
Your Maiden	n Name	
Social Securi	ity Number	Date of Birth (month, day, year)
	e s	o answer; mark one or more): White Black Asian Native Hawaiian or Pacific Islander Hispanic or Latino
Where were	you born? City	Parish/County
	Country	
Mother's Na	me (first, middle initial, last)	
Mother's Ma	iden Name	oof of your immigration status and answer the next questions.
Mother's Ma	iiden Name re not a U.S. citizen, send pr	
Mother's Ma If you are not	iden Name	oof of your immigration status and answer the next questions.
Mother's Ma If you are not What is your	re not a U.S. citizen, send protest a U.S. citizen, when did you reliable to the Residence Card Number	oof of your immigration status and answer the next questions. a arrive in the U.S.?
Mother's Ma If you are not What is your Tell us how	re not a U.S. citizen, send protest a U.S. citizen, when did you in INS Residence Card Number to reach you.	oof of your immigration status and answer the next questions. a arrive in the U.S.? er?
If you are not What is your Tell us how Mailing Additional Mailing Mailing Additional Mailing Additional Mailing Mai	re not a U.S. citizen, send protest a U.S. citizen, when did you in INS Residence Card Number to reach you.	oof of your immigration status and answer the next questions. a arrive in the U.S.? er?
If you are not What is your Tell us how Mailing Address City	re not a U.S. citizen, send protest a U.S. citizen, when did you in INS Residence Card Number to reach you.	oof of your immigration status and answer the next questions. a arrive in the U.S.?
Mother's Ma If you are not What is your Tell us how Mailing Addr City Home Addre	re not a U.S. citizen, send protest a U.S. citizen, when did you in INS Residence Card Number to reach you. Tess	oof of your immigration status and answer the next questions. a arrive in the U.S.? er?
Mother's Ma If you are not What is your Tell us how Mailing Addr City Home Addre City City	re not a U.S. citizen, send protest a U.S. citizen, when did you in the reach you. The reach you. The ress	oof of your immigration status and answer the next questions. a arrive in the U.S.?
If you are not What is your Tell us how Mailing Addrecity Home Addrecity Parish You L	re not a U.S. citizen, send pr t a U.S. citizen, when did yo r INS Residence Card Number to reach you. ress ress	pof of your immigration status and answer the next questions. a arrive in the U.S.?

If you have questions or need help with this form, call your worker or Medicaid at 1-888-342-6207; TTY: 1-800-220-5404.

THESE CALLS ARE FREE.

Tel	Tell us about the people living with you. □ No One Lives with Me – Go to Question 4 <i>Tell us about spouses, children under age 19, and parents of the children.</i> □ <i>If anyone getting Medicaid is not</i> a U.S. citizen, send proof of their immigration status. For more space, use a separate sheet of paper.				
A.	Name (first, middle initial, last)				_□ Male □ Female
	Date of Birth (month, day, year)				
	Relationship to You: 🗖 Spouse 🗖 Child				
	Race/Ethnic Background (you do not have to ☐ American Indian or Alaska Native ☐ N				
	Does this person get Medicaid? ☐ Yes ☐	No If yes , answ	er the next question	ons. If	no, go to B.
	Place of Birth: City	Parish/County_	S	state	Country
	Mother's Name (first, middle initial, last)				
	Mother's Maiden Name				
	Does this person live in Louisiana? \square Ye				
	If they are temporarily living in another start If not a U.S. citizen, U.S. arrival date?	· -			
В.	Name (first, middle initial, last)				_□ Male □ Femal
	Date of Birth (month, day, year)				
	Relationship to You: Spouse Child		=		
	Daga/Ethnia Daglygnound (1 (1)	,) [] W /l-:40 [n Diasi	r D Asian
	Race/Ethnic Background (you do not have to American Indian or Alaska Native N		,		
	Does this person get Medicaid? ☐ Yes ☐	No If yes , answ	er the next question	ons. If	no, go to C.
	Place of Birth: City	Parish/County_	S	State	Country
	Mother's Name (first, middle initial, last)				
	Mother's Maiden Name				
	Does this person live in Louisiana? ☐ Ye				
	If they are temporarily living in another sta	ate, do they plan t	o return to live in	Louisia	ana? 🗆 Yes 🗆 No
	If <u>not</u> a U.S. citizen, U.S. arrival date?	INS Re	sidence Card Nun	nber	
C	Name (first, middle initial, last)				□ Male □ Femal
.	Date of Birth (month, day, year)				
	Relationship to You: Spouse Child		-		
	Race/Ethnic Background (you do not have to American Indian or Alaska Native N	answer, mark one or	more): White [☐ Blacl	k 🗆 Asian
	Does this person get Medicaid? ☐ Yes ☐	No If yes , answ	er the next question	ons. If	no, go to D.
	Place of Birth: City	Parish/County	S	State	Country
	Mother's Name (first, middle initial, last)				=
	Mother's Maiden Name				
	Does this person live in Louisiana? ☐ Ye				
	If they are temporarily living in another sta		o return to live in	Louisia	na? □ Yes □ No
	If <u>not</u> a U.S. citizen, U.S. arrival date?	• •			
ъ	N. (G. C. Line Line)				
υ.	Name (first, middle initial, last)				
	Date of Birth (month, day, year)		<u> </u>		
	Relationship to You: Spouse Child	■ Stepchild ■ (uner:		
	Race/Ethnic Background (you do not have to ☐ American Indian or Alaska Native ☐ N		*		
	Does this person get Medicaid? ☐ Yes ☐	No If was answ	er the next question	nne	

•		
if they are temporarry in	ving in another state, do th	ley plan to retain to live in Boarstaine. — Tes — T
oes anyone getting Me o to Question 5	edicaid have a deceas	ed spouse? ☐ Yes – Fill Out Below ☐ No –
ho has a deceased spouse	?	
ell us about the deceased s	nouse. If more space is no	eeded use a separate sheet of paper
, ,		
erson #1:		
ho has a disability?		When did it start?
ell us about the disability.		
all was the deaters on beauti	ala that aire agus to this m	
•		
ame	Address and Phone _	
ame	Address and Phone _	
ame	Address and Phone _	
erson #2:		
ho has a disability?		_ When did it start?
ell us about the disability.		
ell us the doctors or hospit	als that give care to this po	erson.
•		
	Mother's Maiden Name Does this person live in If they are temporarily lives anyone getting Meto to Question 5 ho has a deceased spouse at each of Birth eteran? Yes No coes anyone getting Metoestion 6 If you need to the each of the eac	Mother's Maiden Name

Name of Working Person	Employer's Nan	ne		is paid (show take home pay)?	Is insurance offered
	Employer's Pho	ne Number	\$		through this job?
	□ Self-employe	d	utwice a r	every 2 weeks month monthly	☐ Yes ☐ No
Name of Working Person	Employer's Nan	ne		is paid (show take home pay)?	Is insurance offered through this
	Employer's Pho	one Number	# How often	?	job? □ Yes
	☐ Self-employe	d	•	every 2 weeks month monthly	□ No
☐ Yes – Fill Out E Send proof of the unless Unemployment	alties • Annuities • Below	to Question 10 of have to send profe. You do not have	oof of Social Se e to send proof	curity, SSI or Uner	
Name of Person Getting Money	Type of Income	How much is	paid?	For Veteran's ber Railroad Retirement claim number.	
		How often? ☐ weekly ☐ € ☐ twice a mon	every 2 weeks inth \square monthly		
Name of Person Getting Money	Type of Income	How much is \$		For Veteran's ber Railroad Retirement claim number.	
		How often? ☐ weekly ☐ € ☐ twice a more	every 2 weeks		
Name of Person Getting Money	Type of Income	How much is		For Veteran's ber Railroad Retirement claim number.	
		How often? ☐ weekly ☐ € ☐ twice a mon	every 2 weeks		
10.Has anyone appli not get it, yet? □	ed for income suc I Yes – Fill Out Bel		•		ut they did
Who?					
What is it?					
		41 - 41 ! 1!-4-	d helow		
	one having any of	the things listed	a belevi.		
11.Tell us about any	one having any of it to show what it is w	•		f there is no proof,	let us know.
11.Tell us about any	i t to show what it is w	•		f there is no proof,	let us know.

8. Is anyone working? □ Yes – Fill Out Below □ No – Go to Question 9

	How much is in the account(s)?
	What is the name of the bank?
A	49
<u> </u>	account? \(\text{Yes} \text{No} \)
	If yes, who does it belong to?
	What is the account number(s)?
	How much is in the account(s)?
	What is the name of the bank?
A certifica	te of deposit (CD)? Yes No
	If yes, who does it belong to?
	What is the account number(s)?
	How much is it worth?
	What is the name of the bank?
Bonds and	/or stocks? □ Yes □ No
	If yes, who does it belong to?
	If it is a bond(s), what type is it?
	Bond Number(s)
	What is the bond(s) worth?
	How much is the stock(s) worth?
	What is the name of the company?
Annuities	and/or retirement accounts? \square Yes \square No
	If yes, who does it belong to?
	Account Number(s)
	How much is in the account(s)?
	Are regular payments being received? ☐ Yes ☐ No
	If yes , how much? \$How often?
	If no , are such payments available? □ Yes □ No
	Can a lump-sum withdrawal of these funds be made? ☐ Yes ☐ No
IRA and/o	r Keogh accounts? □ Yes □ No
	If yes, who does it belong to?
	Name(s) on the Account
	Name of the Bank
	Account Number(s)
	How much is in the account(s)?
Safety Dep	oosit Box(es)?
	If yes, who does it belong to?
	Name of the Bank
	What is inside the box?
	What are the things inside the box worth?
Cars, truc	ks, boats, campers, motorcycles, ATVs?
	If yes, how many does the household have?
	Who owns them?
	What are the makes, models, and years?
	How much is each worth?

	How much is owed on each?
Life or bu	urial insurance? Yes No
	If yes, who has insurance?
	Who owns the policy or policies?
	Tell us how much each policy is for (face value).
	What are the policy numbers?
	What are the names of the insurance companies?
A bank a	ecount for hurial, or a new need hurial contract with a funeral home?
A Dank a	count for burial, or a pre-need burial contract with a funeral home?
	How much is it worth?
	What is the name of the bank or company?
	If a pre-need burial contract, how was it funded (paid for)? \square Cash \square Life Insurance \square Both
	Is the pre-need paid in full? ☐ Yes ☐ No
	Can the pre-need be canceled or revoked? ☐ Yes ☐ No
Home pro	operty? Yes No
	If yes, who does it belong to?
	How much is it worth?
	Tell us about it (location, lot size, number of acres)
Property,	other than your home, like another house, land or out of state property? ☐ Yes ☐ No
	If yes, who does it belong to?
	How much is it worth?
Anything	else? □ Yes □ No
	If yes, who does it belong to?
	What is it?
	How much is it worth?
•	one who gets Medicaid ever created a trust, placed any items in trust, or has a up for them? □ Yes – Fill Out Below □ No – Go to Question 13
🔨 Send	a copy of the trust.
Tell us the	e date the trust was created.
Can the tr	ust be revoked or canceled?
Was the tr	rust set up by a Last Will and Testament? Yes No
Was the tr	rust set up for a disabled person under age 65? Yes No
	red the trust?
Whose pro	operty or money was used to set up this trust?
Tell us wh	nat is in the trust.

Who is the principal or main person getting income from the trust? Who is the trustee? 3. If anyone who gets Medicaid has private health insurance, answer the questions below. No Insurance - Go to Question 14 Self-Send copies of the front and back of all insurance cards. If there is a second insurance, use another sheet of paper. Tell us who is covered. Policyholder's Name	17	will lower the amount of income we count and may help those who get Medicaid to keep getting it. If it is paid through Louisiana Support Enforcement Services (SES), you do not have to send proof let us know. Name of Person in Your Home Who Pays It
Who is the principal or main person getting income from the trust?	17	will lower the amount of income we count and may help those who get Medicaid to keep getting it. If it is paid through Louisiana Support Enforcement Services (SES), you do not have to send proof let us know.
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Who is the principal or main person getting income from the trust?	. –	
Who is the principal or main person getting income from the trust?		Day Care Center or Caregiver's Address City
Who is the principal or main person getting income from the trust?		
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Who is the principal or main person getting income from the trust?	13	
Who is the principal or main person getting income from the trust?		Who is the trustee?
Who gets income from the trust?		

Sign Your Name Here:	Date
Spouse Signs Here (if getting Medicaid):	Date
If someone from Medicaid filled out this form for you, they will sign below.	
Date	
Please use the envelope that came with this renewal form to mail to documents of proof you already have. Thank you.	the signed renewal form and
✓ Before you send this renewal form, please check the	following:
Remember, you do not have to have all proofs when you ser send the rest, later. We will send you a letter and give you a missing proofs.	

For anyone who is not a U.S. citizen, I am sending/will send proof of immigration status.

I am sending/will send the court order and proof of child support and alimony payments.

I signed and dated this form.

I answered all questions and filled out all parts of this form.

I am sending/will send proof of child/adult care payments.

I am sending/will send proof of things that are owned.

I am sending/will send a copy of any trust documents.

I am sending/will send a copy of both sides of all health insurance cards.

I am sending/will send proof of income for all persons listed on this application.

BHSF Form VRD Issued 07/21/11

AC/Office Name

Department of Health and Hospitals Voter Registration Declaration (Optional)

If you fill it out, your answers will not affect the benefits you get from the Louisiana Department of Health and Hospitals.

live now, would you like to apply to the attached form called the "Lonail your completed Voter Registre application or mail it to the Department of the Depa	uisiana Mail Voter ration Application to your artment of Health and
to vote will not affect the amount	of assistance that you will
registration application form, we decision whether to seek or accept	
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ACADIA Courthouse #115 Crowley, LA 70526-4363 (337) 788-8841 ALLEN P. O. Box 150 Oberlin, LA 70655-0150 (337) 639-4966 ASCENSION 828 S. Irma Blvd. #205 Gonzales, LA 70737-3631 (225) 621-5780 ASSUMPTION P. O. Box 578 Napoleonville, LA 70390-0578 (985) 369-7347 AVOYELLES 312 N. Main St. #E Marksville, LA 71351-2409 (318) 253-7129 BEAUREGARD P. O. Box 952 DeRidder, LA 70634-0952 (337) 463-7955 BIENVILLE P. O. Box 697 Arcadia, LA 71001-0697 (318) 263-7407 BOSSIER P. O. Box 635 Benton, LA 71006-0635 (318) 965-2301 CADDO P.O. Box 1253 Shreveport, LA 71153-1253 (318)226-6891 CALCASIEU 1000 Ryan St. #7 Lake Charles, LA 70601-5250 (337)437-3572 CALDWELL P. O. Box 1107 Columbia, LA 71418-1107 (318) 649-7364

CAMERON P. O. Box 1 Cameron, LA 70631-0001 (337) 775-5493 CATAHOULA P. O. Box 215 Harrisonburg, LA 71340-0215 (318) 744-5745 CLAIBORNE 507 W. Main Suite 1 Homer, LA 71040-3914 (318) 927-3332 CONCORDIA 4001 Carter St. #4 Vidalia, LA 71373-3021 (318) 3367770 DESOTO 105 Franklin St. Mansfield, LA 71052-2046 (318) 872-1149 E. BATON ROUGE 222 St. Louis #201 Baton Rouge, LA 70802-5860 (225) 389-3940 E. CARROLL P. O. Box 708 Lake Providence, LA 71254-0708 (318) 559-2015 È. FÉLICIANA P. O. Box 488 Clinton, LA 70722-0488 (225) 683-3105 **EVANGELINE** 200 Court St. Ste. 102 Ville Platte, LA 70586-4463 (337) 363-5538 FRANKLIN Courthouse 6560 Main St. Winnsboro, LA 71295-2750 (318) 4354489 GRANT

Courthouse 200 Main St.

Colfax, LA 71417-1828 (318) 627-9938

IBERIA 300 S. Iberia St. #110 New Iberia, LA 70560-4543 (337) 369-4407 IBERVILLE P. O. Box 554 Plaquemine, LA 70765-0554 (225) 687-5201 JACKSON 500 E. Court St. #102 Jonesboro, LA 71251-3400 (318) 259-2486 **JEFFERSON** P. O. Box 10494 Jefferson, LA 70181-0494 (504) 736-6191 JEFFERSON DAVIS 302 N. Cutting Ave. Jennings, LA 7054-65361 (337) 824-0834 LAFAYETTE 1010 Lafayette #313 Lafayette, LA 70501-6885 (337) 291-7140 LAFOURCHE 307 W. 4th St. #101 Thibodaux, LA 70301-3105 (985) 447-3256 LASALLE P. O. Box 2439 Jena, LA 71342-2439 (318) 992-2254 LINCOLN 100 W. Texas Ave. Ruston, LA 71270-4463 (318) 251-5110 LIVINGSTON P. O. Box 968 Livingston, LA 707540968

(225) 686-3054

100 N. Cedar St.

(318) 574-2193

Tallulah, LA 71282-3892

MADISON

MOREHOUSE 129 N. Franklin Bastrop, LA 71220-3815 (318) 281-1434 NATCHITOCHES P. O. Box 677 Natchitoches, LA 71458-0677 (318) 357-2211 ORLEANS 1300 Perdido #1W23 New Orleans, LA 70112-2127 (504) 658-8300 OUACHITA 122 St John St #114 Monroe, LA 71201-7342 (318) 3271436 **PLAQUEMINES** P. O. Box 989 Port Sulphur, LA 70083-0989 (504) 564-6957 POINTE COUPEE 211 E. Main St. New Roads, LA 70760-3661 (225) 638-5537 RAPIDES 701 Murray St. Alexandria, LA 71301-8099 (318) 473-6770 RED RIVER P. O. Box 432 Coushatta, LA 71019-0432 (318) 932-5027 RICHLAND P. O. Box 368 Rayville, LA 71269-0368 (318) 728-3582 SABINE 400 Capitol St. #107 Many, LA 71449-3099 (318) 256-3697 ST. BERNARD

Chalmette, LĀ 70043-1696

(504) 278-4231

ST. CHARLES P. O. Box 315 Hahnville, LA 70057-0315 (985) 783-2731 ST. HELENA P. O. Box 543 Greensburg, LA 70441-0543 (225) 222-4440 ST. JAMES P. O. Box 179 Convent, LA 70723-0179 (225) 562-2330 ST. JOHN 1801 W. Airline Hwy LaPlace, LA 70068-3344 (985) 652-9797 ST. LANDRY P. O. Box 818 Opelousas, LA 70571-0818 (337) 948-0572 ST. MARTIN Courthouse 415 S. Martin St. St. Martinville, LA 70582-4549 (337) 394-2204 ST. MARY 500 Main St. #301 Franklin, LA 70538-6144 (337) 828-4100 **ST. TAMMANY** 701 N. Columbia St. Covington, LA 70433-2709 (985) 809-5500 TANGIPAHOA P. O. Box 895 Amite, LA 70422-0895 (985) 748-3215 TENSAS P. O. Box 183 St. Joseph, LA 71366-0183 (318) 766-3931 8201 W. Judge Perez Rm. 104 TERREBONNE P. O. Box 9189 Houma, LA 70361-9189 (985) 873-6533

UNION P. O. Box 235 Farmerville, LA 71241-0235 (318) 368-8660 VERMILION 100 N. State St. #120 Abbeville, LA 70510 (337) 898-4324 VERNON P. O. Box 626 Leesville, LA 71496-0626 (337) 239-3690 WASHINGTON Courthouse Bldg. 900 Washington St. Franklinton, LA 70438 (985) 839-7850 WEBSTER P. O. Box 674 Minden, LA 71058-0674 (318) 377-9272 W. BATON ROUGE P. O. Box 31 Port Allen, LA 70767-0031 (225) 336-2421 W. CARROLL P. O. Box 71 Oak Grove, LA 71263-0071 (318) 428-2381 W. FELICIANA P. O. Box 2490 St. Francisville, LA 70775-2490 (225) 635-6161 WINN Courthouse Room 105 Winnfield, LA 71483-3238 (318) 628-6133

OFFICIAL USE ONLY	
Address Change	
Name Change	
Party Change	
Remarks	
Circle One: PA MV RG SDA SS	
Received by:	

PLACE IN AN ENVELOPE AND MAIL TO YOUR REGISTRAR OF VOTERS

USE THIS FORM TO: 1) register to vote 2) change your address 3) request a name change 4) change party affiliation

TO REGISTER TO VOTE AND BE ELIGIBLE TO VOTE YOU MUST: 1) be a United States citizen 2) be at least 17 years old to register but must be 18 years old to vote 3) not be under an order of imprisonment for conviction of a felony 4) not be under a judgment of full interdiction or limited interdiction where your right to vote has been suspended 5) reside in the state and parish in which you seek to register and vote.

INSTRUCTIONS FOR COMPLETING THIS FORM: All information except your signature should be printed clearly in ink, preferably black, or typed. Fill in all boxes that apply to you.

Box 1: Indicate whether you are a citizen of the United States of America. Indicate whether you will be 18 years of age on or before election day.

Box 2: Provide full name. Do not use initials for middle or maiden name.

Box 3: 'Residence Address' means the address where you live and are registering to vote. If you claim a homestead exemption, you must list the address of that residence. Do not use a post office box for your 'Residence Address'. If you use a rural route and box number, draw a map in the space labeled 'Give Location.' Write in the names of the crossroads (streets) nearest to where you live. Draw an X to show where you live. Use a dot to show any schools, churches, stores or landmarks near where you live and write the name of the landmark. Check the box provided if mail is not delivered to your residence address by the post office. Complete 'Mailing Address' only if it is different from the 'Residence Address' or if mail is not delivered to your residence address.

Box 4: Provide your age.

Boxes 6 & 14: You must provide your Louisiana driver's license number, if issued. If not issued, you must provide at least the last four digits of your social security number, if issued. The full social security number may be provided on a voluntary basis. If neither a social security number nor a Louisiana driver's license number has been issued, and this form is submitted by mail, and you are registering to vote for the first time, in order to avoid additional identification requirements for first time voters, attach either a) a copy of a current and valid photo identification or b) a copy of a current utility bill, bank statement, government check, paycheck, or other government document that shows your name and address.

Boxes 8, 12 & 13: The items 'race/ethnic origin', 'home phone' and 'daytime phone' are not required but are helpful.

Box 9: If you do not complete this item, your party affiliation will be listed as 'none', unless you are presently registered with a party affiliation and no change is being made today. If you are not registering with a political party, circle 'none'. The recognized political parties are Democrat, Green, Libertarian, Reform and Republican or you may specify any other party affiliation.

Box 18: If you are using this form to request a change of name, you must print the name to be changed here.

Box 19: Date and sign the card with your signature or mark.

If returned by mail, place in an envelope and mail to the appropriate registrar of voters at the address found on the reverse side of this card. If you have not been issued a social security number or Louisiana driver's license number, you must mail the required documentation with your application. Your application or envelope must be postmarked 30 days prior to the first election in which you seek to vote based on the residence listed on this application.

NOTE:1. If you decline to register to vote, this fact will remain confidential and will be used only for voter registration purposes. If you register to vote, the office where your application was submitted will remain confidential and will be used only for voter registration purposes. 2. Your social security number will also remain confidential and is intended to be used for voter registration purposes only.

QUESTIONS? Call your Parish Registrar of Voters OR call the Department of State at 17800788372805 or (225) 92270900.

COMPLETE AND CHECK ALL APPLICABLE BOXES AND TEAR ALONG PERFORATED LINE BEFORE MAILING.

LOUISIANA MAIL VOTER REGISTRATION APPLICATION FORM #04			OFFICIAL USE ONLY									
			COMP REG #	R	eg Type	Wd/ 🛚	Dist	_ Pct	In	Out		
	izen of the United States of Amer I no in response to either of these				ore election day	YES 🗌	NO []				
2 NAME OF AF	PPLICANT (PLEASE PRINT NAME		GIVE LOCATION									
LAST			First FULL MIDDLE OR MAIDEN							L		
3 RESIDENCE	ADDRESSS (MUST BE ADDR	RESS WHERE YOU C	LAIM HOMESTEA	D EXEMPTION, IF AN	Y)							
HOUSE OR APT. NO. & STREET			CITY OR TOWN STATE ZIP						\neg			
IF NO mail delivery to residential address, check here:()		MAILING ADD	MAILING ADDRESS IF DIFFERENT									
4 AGE	AGE 5 DATE OF BIRTH		6 * SOCIAL SEC	URITY #(CIRCLE ONE)	7 SEX (CIRCLE ONE)		8 ** RACE/ ETHNIC ORIGIN (CIRCLE ONE)					
	MONTH DAY	YEAR	NO YES#		MALE FEM	MALE	WHITE AMER. II OTHER:		(ASIAN	HISPANIC		
9 PARTY AFFILIATION CIRCLE ONE)			10 APPLICANTS'S PLACE OF BIRTH				11 MOTHERS MAIDEN NAME					
DEM GRN LBT RFM REP NONE OTHER (SPECIFY)			CITY OR TOWN	R TOWN PARISH OR COUNTY STATE				COUTNRY	1			
12 ** HOME PHONE		13 ** DAYT	IME PHONE	14 LA DRIVERS LICENSE / I.D. #(CIRCLE ONE)		RCLE ONE)	15 Will you require assistance at the polls?(CIRCLE ONE)					
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			OF REGISTRATIO					ED NAME, IF APPLICABLE				
ADDRESS PA		PARISH OR C	COUNTY	STATE								
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19 SIGN YOUR NAME IN BOX AT RIGHT DATE: / /												
	/ E unable to sign your name,	TWO WITNESSES TO	O VOLIB MARK MI	IST SIGN HERE								
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